ADCC Name: Hale Hauoli Hawaii II

Community Ties of America 45-955 Kamehameha Highway, Suite 300 Kaneohe, HI 96744

Compliance Manager Name: Deborah Baumgart LPN

Address: 98-939 Moanalua Road

Aiea, HI 96701

Adult Day Care Center (ADCC) Annual Deficiency Report

Date Corrective Action Plan is Due: Check H.A.R. 17-1424 Chapter Heading Rule # and Non-Compliance findings	
Item Chapter # Chapter Heading Rule # and Non-Compliance findings	
OK 11 Administration	
OK 12 Personnel and Staffing	
OK 13 Admissions	
OK 14 Participant Fees	
OK 15 Transportation	
OK 16 Services for Center Participants	
OK 17 Physical Location	
OK 18 Fire Protection	
OK 19 Other Disasters and Evacuations	

The CTA Compliance Manager has reviewed the above items with me and has provided me with a copy of this form. It is my responsibility to correct all items listed above and provide a written plan of correction to CTA within the timeframe stated above.

If this box is checked then I understand that I met all requirements and no corrective action PRINT NAME:	on is required
SIGNATURE: Allua P. Klabba	Date: 5/27/21
Compliance Manger Signature	Date: 5/27/21